

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 323-0282



October 4, 1982

ALL-COUNTY LETTER NO. 82-103

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE OFFICERS

SUBJECT: ASSISTANCE FOSTER CARE CLAIMING INSTRUCTIONS EFFECTIVE OCTOBER 1, 1982

REFERENCE: ACIN I-131-82

The purpose of this letter is to provide AFDC-Foster Care (FC) claiming instructions for revised summary documents CA 800 FC (Fed) (9/82) and CA 800A FC (Nonfed) (9/82). The changes are due to the recent passage of Chapter 977, Statutes of 1982 (AB 2695) which effects the payment requirements of Title IVE of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). This federal law requires implementation by October 1, 1982. The revised summary documents are to be used to claim payments made in behalf of Foster Care children subsequent to September 30, 1982. Copies of the revised summary documents are attached for your information; counties will receive a supply of the revised forms in mid October.

Revisions to CA 800 FC (Fed) (9/82)

1. The cost of social worker activities not otherwise allowable as daily supervision or as a cost of administration in accordance with MPP Section 11-225.312 and ACIN I-131-82 is not allowable for federal reimbursement. Line 13 has been added to provide a method of deleting unallowable social worker activities from federal participation. Social worker activities will be funded by the state to the extent that any general or federal welfare fund savings result from any federal changes in the 1983 Federal Budget Act, or if these savings do not materialize, from other federal funds not otherwise appropriated by the Legislature. Provision has been made on the summary document to provide for 95 percent state reimbursement of those social worker activities not reimbursable from federal funds when the amount of savings has been determined. We anticipate reimbursement will be available shortly and DSS will provide notification to counties via an All County Letter.

2. In accordance with ACIN I-131-82, the amounts of those costs currently included in the rates which are not allowable for reimbursement from federal or state funds (excluding social worker activities) are to be reported on Line 14.
3. Line 15 is to be used to report the nonfederal share of increases to payment rates not reimbursable from state funds (in accordance with EAS Manual Section 11-300). However, should the facility rates include unallowable costs as indicated above and reported on Line 14, only that portion of the nonreimbursable rate increase which exceeds the unallowable costs for that facility should be reported.

Revisions to CA 800A FC (Nonfed)(9/82)

1. Line 13 provides for reporting total amounts not reimbursable from state funds as specified in MPP Section 11-225.312 and ACIN I-131-82. In addition, this line provides for reporting the nonfederal share of increases to payment rates not reimbursable from state funds (in accordance with MPP Section 11-300). The amount reported for the nonfederal share of increases to payment rates should reflect only that portion of the rate that exceeds the unallowable amounts (excluding social worker activities) specified in MPP Section 11-225.312 and ACIN I-131-82.
2. Line 14 has been added to report social worker activities as specified in MPP Section 11-225.312 and ACIN I-131-82. As stated previously, social worker activities will be reimbursed from state funds to the extent that any savings result from any federal changes in the 1983 Federal Budget Act, or if these savings do not materialize, from other federal funds not otherwise appropriated by the Legislature.

General Provisions

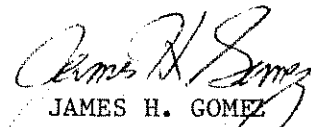
1. In addition to the substantiation required in MPP Section 25-750, Form CA 800 FC .1 (Fed)(9/82)(AFDC-FC Facility Expenditure Report) and Form CA 800A FC .1 (Nonfed)(9/82)(AFDC-FC Facility Expenditure Report) have been designed to be submitted with Forms CA 800 FC (Fed)(9/82) and CA 800 FC (Nonfed)(9/82). The Facility Expenditure Reports provide a summary of all foster care payments which include social worker or unallowable costs as previously indicated. On the payroll, it will be necessary to identify payments that include social worker activities and/or unallowable amounts for federal and/or state reimbursement with an alpha identification Code E, or other SDSS-approved code. Please note that only those cases coded E should be reflected in lines 1, 2, 3 and 4 on the CA 800 FC .1 (Fed) and Lines 1, 2, 3 and 5 on the CA 800A FC .1 (Nonfed). The nonfederal share of increases to foster care payment rates not reimbursable from state funds should continue to be identified in the current manner.

One Facility Expenditure Report should be submitted for each facility in which the foster care rate includes either social worker costs or unallowable costs. For those facilities that have more than one level of care, it will be necessary to submit one Facility Expenditure Report for each level of care in which social worker or unallowable costs are included in the rate.

Those counties that may have difficulty providing this information on the October claims should contact Cheryl Adamo-Woolman, ATSS 473-0282 or (916) 323-0282.

2. W&I Code Section 11402.5 provides that a child who is otherwise eligible for Federal Financial Participation (FFP) in the AFDC-FC payment may be eligible for aid when the child is placed in a public care institution. Payment cannot exceed 30 days unless the child is hard to place as defined in EAS Manual Section 45-202.521(b)(1) and (2). Federal funding under this provision is effective only if and during such federal fiscal year when no restriction on federal matching for AFDC-FC payment exists as specified in EAS Manual Section 45-101.1(s). Pursuant to this section the county shall request reimbursement at the close of the federal fiscal year. Claiming instructions will be issued at a later date in regard to this section; however, a tracking system should be in place to identify payments under this section.
3. The forms used to claim additional federal reimbursement for recipients in receipt of AFDC-FC under the Refugee Resettlement Program and the Cuban/Haitian Entrant Program (Forms DFA 843 1/81 and DFA 847 1/81) will be revised soon to reflect the claiming revisions to AFDC-FC claiming procedures and the revised forms will be sent at a later date.

Any questions regarding this letter should be referred to Cheryl Adamo-Woolman (916) 323-0282 or ATSS 473-0282.


JAMES H. GOMEZ
Deputy Director
Administration

cc: CWDA

Attachments

**SUMMARY REPORT OF ASSISTANCE E. ENDITURES -
FEDERAL CHILDREN IN FOSTER FAMILY HOMES
AND INSTITUTIONS**

For State Use

☐ DSS☐ County Welfare☐ County Auditor

COUNTY

DATE (MONTH YEAR)

A. PERSONS COUNT		B. AMOUNTS		SOURCE DOCUMENTS			
				1. Main Payroll			
				2. Current Month Supplemental Payroll			
()	()			3. Current Month Cancellation Contra Roll			
				5. Prior Months Supplemental Payroll			
				6. Subtotal (reconciliation totals)			
()	()			7. Prior Months Cancellation Contra Roll			
()	()			8. Abatements			
				9. Schedule of Adjustments (show minus items in parentheses)			
				10. Subtotals (Lines 7, 8, 9)			
				11. DSS Office Audit Corrections (for state use only)			
				12. TOTAL			
		13. Social Worker Activities not Reimbursable from Federal Funds					
		14. Additional Amounts not Reimbursable from Federal Funds and State Funds		C FEDERAL (Line 12B minus Line 13A minus Line 14A) x .5	D STATE (Line 12B minus Line 13A minus Line 14A minus Line 15A minus Line 16C) x .95	E COUNTY (Line 12B minus Line 16C minus Line 16D)	
		15. Additional Amounts not Reimbursable from State Funds not entered in Line 14					
REPAYMENTS	()	()	()	()	()	()	16.
GRAND TOTALS							17.
	(Lines 12 and 17)	(Lines 16 and 17)	(Lines 16 and 17)	(Lines 16 and 17)	(Lines 16 and 17)	(Lines 16 and 17)	18.
							19.
FUNERAL COSTS (44-267.3)							20.
(FOR COUNTY USE)	PERS. CTS.						21.
							22.
							23.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, allotments for payments in kind, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, or funds made available for the payments in kind listed herein according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name and month and year of claim in space provided.
2. Complete Lines 1 through 5 and 7 through 9 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on the Form CA 800 FC (Federal) may be rounded to the nearer dollar. **Note:** Line 4 (Zero Grant Persons Count) has been deleted because under the AFDC-FC Program there is no provision for reducing a grant to zero to recover a previous overpayment.
3. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.
4. Line 13A - Enter the net amount of social worker activities not reimbursable from federal funds in accordance with MPP Section 11-225.312.
5. Line 14A - Enter any additional net amount not reimbursable from Federal funds and state funds in accordance with MPP Section 11-225.312.
6. Line 15A - Enter any additional net amount not reimbursable from state funds not entered in Line 14. This would include the nonfederal share of percentage increases in AFDC-FC payment rates which exceed the percentage cost of living increase provided to recipients of AFDC-FG/U in any fiscal year beginning on or after 7/1/79 which exceeds those unallowable amounts entered in Line 14 above.
7. Line 16C - Enter the federal share: total aid paid (12B) minus social worker activities not reimbursable from federal funds (13A) minus additional amounts not reimbursable from federal and state funds (14A) multiplied by 50 percent.
8. Line 16D - Enter the state share: total aid paid (12B) minus social worker activities (13A) minus additional amounts not reimbursable from federal and state funds (14A) minus additional amounts not reimbursable from state funds not entered in Line 14 (15A) minus federal share (16C) multiplied by 95 percent.
9. Line 16E - Enter the county share: total aid paid (12B) minus federal share (16C) minus state share (16D).
10. Line 17 - Enter the total repayments as reported on the Repayment Contra Roll.
11. Line 18 - Enter grand totals.
12. Line 19D - Enter the net state share of social worker activities (13A multiplied by 95 percent).
13. Line 19E - Enter the net county share of social worker activities (13A minus 19D).
14. Line 20 - Enter grand totals.
15. Line 21 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with EAS Manual Section 44-267.3 (see also Fiscal Handbook Section 25-753).
16. Line 22 and Line 23 - Included at county request and use is optional. If adjustments are reported in Line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

AFDC — FOSTER CARE FACILITY EXPENDITURE STATEMENT

(To be attached to CA 800 FC (FED))

FACILITY NAME		COUNTY	DATE (MONTH, YEAR)

	A		
1. Persons Count	_____		
2. Total Aid Paid	_____	B	C
3. Social Worker activities not reimbursable from Federal funds.		%	\$ _____
4. Other amounts not reimbursable from Federal funds and State funds.		%	\$ _____
5. Total Nonfederal share of increases to payment rates not reimbursable from State funds.			\$ _____

INSTRUCTIONS

1. Enter county name, facility name and month and year in the spaces provided.
2. Line 1A - Enter persons count for payments coded E. (E is to be used for F.C. payments that include unallowable amounts in Line 4 and/or social worker activities not reimbursable from federal funds in Line 3).
3. Line 2A - Enter the net aid paid for payments coded E.
4. Line 3B - Enter the percentage of unallowable social worker activity not reimbursable from federal funds in accordance with the EAS Manual Section 11-225.312.
5. Line 3C - Enter the net dollar amount of social worker activity not reimbursable from federal funds (Line 2 multiplied by Line 3B)
6. Line 4B - Enter the percentage of the unallowable amount not reimbursable from Federal and State Funds in accordance with EAS Manual Section 11-225.312.
7. Line 4C - Enter the total dollar amount not reimbursable from Federal and State Funds. (Line 2 multiplied by Line 4C)
8. Line 5C - Enter the nonfederal share of increases to payment rates not reimbursable from state funds (in accordance with EAS Manual Section 11-300) which exceeds the unallowable amounts reflected in Line 4C above.

AFDC — FOSTER CARE FACILITY EXPENDITURE STATEMENT

(To be attached to CA 800A FC (NONFED))

FACILITY NAME	COUNTY	DATE (MONTH, YEAR)
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	A		
1. Persons Count	_____		
2. Total Aid Paid	_____	B	C
3. Amount not reimbursable from state funds		_____ %	\$ _____
4. Total nonfederal share of increases to payment rates not reimbursable from state funds.			\$ _____
5. Social worker activities		_____ %	\$ _____

INSTRUCTIONS

1. Enter county name, facility name and month and year in the spaces provided.
2. Line 1A - Enter persons count for payments coded E. (E is to be used for F.C. payments that include unallowable amounts in Line 3 and/or social worker activities in Line 5)
3. Line 2A - Enter net aid paid for payments coded E.
4. Line 3B - Enter the percentage of the unallowable amount not reimbursable from state funds in accordance with EAS Manual Section 11-225.312.
5. Line 3C - Enter the net dollar amount not reimbursable from state funds (Line 2 multiplied by Line 3B)
6. Line 4C - Enter the nonfederal share of increases to payment rates not reimbursable from state funds (in accordance with EAS Manual Section 11-300) which exceeds the unallowable amounts reflected in Line 3C above.
7. Lines 5B - Enter the percentage of social worker activity in accordance with EAS Manual Section 11-225.312.
8. Line 5C - Enter the net dollar amount of social worker activity (Line 2 multiplied by Line 5B).

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES -
NONFEDERAL CHILDREN IN FOSTER FAMILY HOMES
AND INSTITUTIONS**

For State Use

☐ DSS☐ County Welfare☐ County Auditor

COUNTY

DATE (MONTH, YEAR)

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental Payroll
() ()		3. Current Month Cancellation Contra Roll
		5. Prior Months Supplemental Payroll
		6. Subtotal (reconciliation totals)
() ()		7. Prior Months Cancellation Contra Roll
() ()		8. Abatements
		9. Schedule of Adjustments (show minus items in parentheses)
		10. Subtotals (Lines 7, 8, 9)
		11. DSS Office Audit Corrections (for state use only)
		12. TOTAL

	13. Amounts not reimbursable from State Funds	C STATE (Line 12B minus Line 13A minus Line 14A) x .95	D COUNTY (Line 12B minus Line 15C)
	14. Social Worker Activities		
REPAYMENTS	() () ()		
GRAND TOTALS	(Lines 12 and 16)	(Lines 15 and 16)	(Lines 15 and 16)
FUNERAL COSTS (44-267.3)			
(FOR COUNTY USE)	PERS CTS		

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I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect State and County Shares in the aid payments claimed and that warrants therefore have been issued, or funds made available for the payments in kind listed herein according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM CA 800A FC (NONFEDERAL)

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3. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.
4. Line 13 - Enter the net amount not reimbursable from state funds, in accordance with MPP Section 11-225.312. This will be the net amount of the unallowable costs (other than unallowable social worker activities) plus any nonreimbursable nonfederal share of rate increases (11-300) which exceeds the unallowable costs.
5. Line 14 - Enter the net dollar amount related to social worker activities in accordance with MPP Section 11-225.312.
6. Line 15C - Enter the state share: total aid paid (12B) minus amounts not reimbursable from state funds (13A) multiplied by 95 percent.
7. Line 15D - Enter the county share: total aid paid (12B) minus state share (15C).
8. Line 16 - Enter the total repayments as reported on the Repayment Contra Roll.
9. Line 17 - Enter grand totals.
10. Line 18C - Enter the net state share of social worker activities (14A multiplied by 95 percent).
11. Line 18D - Enter the net county share of social worker activities (14A minus 18C).
12. Line 19 - Enter grand totals.
13. Line 20 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with EAS Manual Section 44-267.3 (see also Fiscal Handbook Section 25-753).
14. Line 21 and Line 22 - Included at county request and use is optional. If adjustments are reported in Line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.